

- 20 =

Indep. Claims

HP = highest number of total claims paid for, if greater than 20.

HP = highest number of independent claims paid for, if greater than 3.

Extra Claims Fee (\$)

Fee Paid (\$)

Fee (\$)

PTO/SB/17 (07-06)
Approved for use through 01/31/2007. OMB 0651-0032
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		004	i	Complete if Known					
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		4818). A	Application Number		10/662,878-Conf. #no.1149				
FEE TRANSMITTAL			F	Filing Date		September 16, 2003			
			F	First Named Inventor		David W. Cargile			
For FY 2005			E	Examiner Name J. A. Kaufma		J. A. Kaufman			
Applicant claims small entity status. See 37 CFR 1.27			A	Art Unit	3754				
TOTAL AMOUNT OF PAYMENT (\$) 620.00			Α	Attorney Docket No. 29953-185176					
METHOD OF PA	YMENT (check a	all that apply)							
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, S		AMINATION FEE	s						
		ING FEES		RCH FEES	EXAMI	NATION FEES			
	F (A)	Small Entity	F (¢)	Small Entity	Ean (\$)	Small Entity	Food	Paid (\$)	
Application Type	Fee (\$)	Fee (\$) 150	Fee (\$) 500	<u>Fee (\$)</u> 250	Fee (\$) 200	<u>Fee (\$)</u> 100	rees	raiu (3)	
Utility	300			50 50	130	65			
Design	200	100	100			80		i	
Plant	200	100	300	150	160				
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM	FEES						Fee (\$)	Small Entity Fee (\$)	
Fee Description	Carladia - D. Car	>						25	
Each claim over 20 (including Reissues)							50 200	100	
Each independent claim over 3 (including Reissues) Multiple dependent claims 360						180			
		F - (4)	Con Do	:4 (6)		luitiala Danas da			
Total Claims	Extra Claims	Fee (\$)	Fee Pai	ia (\$)	IV	<u>lultiple Depende</u>	in Claims		

Fee Paid (\$)

SUBMITTED BY	Υ				
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Name (Print/Typ	(Navita B. Lepping			Date	October 2, 2006